

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/590178

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		①		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		3		1		
14		①		1		
15		①		1		
16	1		1			
17		1		1		
18		1		1		
19		3		1		
20		3		1		
21	1		1			
22		1		1		
23		1		1		
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48						
49						
50						
TOTAL IND.	3	↓	3	↓	0	↓
TOTAL DEP.	30	←	20	←	0	←
TOTAL CLAIMS	33		23		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	